PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) (Month)(Day) houi That I attended the deceased 6 DATE OF BIRTH instructions that (Month) (Year) (Day) FO IIf LESS than 7 AGE and that death occurred on the date stated above I day hrs. The CAUSE OF DEATH * was as follows: RESERVED or min.? mos. supi n ter See B OCCUPATION (a) Trade, profession or particular kind of work pia (b) General nature of industry business, or establishment in ī mporta which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 4 (Duration) D III DO 10 NAME OF (Signed) 3 L 00192....(Address) OF FATHER *State the Disease Causing Death, er, in Violent Causes, state (1) Means of Injury and N (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAM œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA State CCUP ients or Recent Residents) infori 13 BIRTHPLACE In the At place OF MOTHER of death yrsds. (State or country) 00 Where was disease contracted, if not at place of death? item Former or usual residence. CIANS 00 If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman. nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusines. that fact may be indicated thus; Farmer we or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on yra. For persons who have no occupation Form laborer, without more precise specification as Day (b) Automobile foctory. The material (a) the kind of work and also (b) the Loborer--Coal mine, etc. Womnot gainfully em-6

Strtement of Cause of Death—Name, first, the pic-EACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

data is essential permanently filed.

data is essential and must be obtained before the certificate is

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepers, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," ctc.), "Dropsy," ("Exhaustion." "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcona, etc., of (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) affection need not be Whooping If this certificate is looked over thoroughly and all qu stions "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart diseose; etc. The contributory Nomenclature

1-	10	-2	2-thu	1
ш	. ,		6	4"
137	60	- 101	- 4	T F
W.	7	rdi.	-	17

1. PLACE OF DEATH	
County Charles	Registration Dist. No.
Village or City Murshall Hall	No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred QQ yrs	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James amger	,
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (guite the word)	21. DATE OF DEATH Tebruary 28 102 3
Male Regio Widowed	(Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of All 1990 Campage Carroll	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Arusella amager Carroll	, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) Seft. 27, 1832	I last saw h alive on, 19; death Is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
100 5 2 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 8 Trade profession or particular	ware as follows: Interpreties of Dato of onset
kind of work done, as SPINNER, Raborer	Tage / V
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
yaar) occupation & O	Other Contributory Causes of Imagriance;
12. BIRTHPLACE (city or town)	I ALA
(State or country) Charles County	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME And unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country) Clarkes Co-	Where did injury occur?
17. INFORMANT Carsie Washington	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) murshall Hale, ma,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Chya Soncland Date My 14. 3., 1933	Nature of injury
19. UNDERTAKER & TRICALE	24. Was diseasa or Injury in any way releted to occupation of deceased?
(Address) (Jamphy my	If so, specify
20, FILED 3.3. 1933 And W Chang	(Signed) 1. H Lea Peril acting Corner
& f Registrar.	(Address) La Plate Maryling

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc.

out the particular kind of work done and return that, as spinner, weaver, etc. Find

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	ADD 4 1002	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	THE PRATE W	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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		OF MARY	YLAND-	CERTIFICATE OF DEATH (1)	647
1. PLACE OF DEA	TH			(S)	
County C	ruski	2		Registration Dist. No	04
Village or City	rays	sel		NoSt.,	Ward
Length of residence in ci	ty or town where	death occurred		f death occurred in a horpital or institution, give its NAME instead of street and s	number)
2. FULL NAME	lile	may	Mari	K	
(a) Residence: No				St., Ward.	
PEDCONAL AND	D 000 1000	(Usual place of		If nonresident give city or town and	State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
	R OR RACE	5. SINGLE, MARE OR DIVORCED	(write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divo	rced	0			(Year)
(or) WIFE of				22. I HEREBY CERTIFY, That I attended	deceased from
			5 2	, to	
6. DATE OF BIRTH (month, de)		2 - 24	- 97	I last saw h alive on, 19,	_; death is said
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, et	
			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1 5
8. Trade, profession, or pa	rticular				Date of onset
SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, of 10. Date decessed last wor	PER, etc.	27	~	andenn	
9. Industry or businass in work was done, as S SAW MILL, BANK, e	which				
SAW MILL, BANK, e		1 77 7-4-14			
this occupation (mor	ith and	II. Total tin	in this	,	
1 300)	1	occup	pation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town).	n	d			
(State or country)		7			
I I3. NAME	Merch	mos	pan		
13. NAME 14. BIRTHPLACE (city or to	wn)	myl	<i>[</i>	Nama of operation Date of	
(Steta or country)	,	7-4		What test confirmed diagnosis? Wes there an a	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	mi	- Cla	NE	23. If death was dua to externat couses (VIOLENCE) fill in also the following	
I 16. BIRTHPLACE (city or to	wn)2	3 C.		Accident, suicide, or homicide? Data of injury	
∑ (Stata or country)				Where did injury occur?	
17. INFORMANT (Address)	min.	Clark	2	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR R	EMOVALO &	Vanna			
Place Ways	. /	Dete 3	23 41993	Nature of injury	
I9. UNDERTAKER (Address)	naul	18/30	nd	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED 2 - 24, I	ر دی	P. K. A.	Alexan Registrar.	(Signed) T. A. Hydrn	. M. D.
	16	Ll L	Aegistrar.	(Address) / Majka	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of dear of importance were as follow	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 8 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBLUV	July5,1927	Peritonitis	3 days ago
	NE	sunder 1979		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (11648
1. PLACE OF DEATH	
County Charles.	Registration Dist. No. 122
Village or City Triverside.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Pabert Q. Cercu	Q.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Race Slack 5. Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Exacty,	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Oker 30, 1877	, 19, to, 19, 19
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
55 9 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer, SAWYER, BOOKKEEPER, etc.	O to the title
9. Industry or business in which	Hulas token suddente ill at walt
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date descend last worked at this occupation (month and	her plusion in no shoris
11. Total time (years) spent In this occupation month and year)	fattendoma via
Pinalole	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Regar with severe romiting. Fastice and
13. NAME Bailes Craid.	mo fruther information and the
13. NAME BIRTHPLACE (city or town)	Name of operation
(State or country) Olyanles Cu My	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Jarale & Cruig,	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suidide, or homicide?
(State or country) Plante Cv. 449.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT 10 erlie (rang., (Address) Prince and	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rangemory Wate Jel, 26, 1900.	Neture of injury
19. UNDERTAKER Pendy & Coffer and Address) Salam Bood Political	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 2/6, 1933 John Maddorf Registrat.	(Signed) Gus. C. Bishnell M. D. (Address) Markey, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

4

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	il.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RESEAUV. S.	July 5,1927	Peritonitis	3 days ago
and the second s	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

So. If married, widowed, or divorced (Month) (Day) (Year) 22. I HEREBY CERT I FY that I attended deceased for (Month) (Day) (Year) 23. If married, widowed, or divorced (USAR) (Wonth) (Wont	STATE OF MARYLA	
Village or City. Work of residence in city or town where death occurred. Length of residence in city or town where death occurred. (a) Residence: No. (Clust place of abode) PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARKED, WIDOWED, OR DYNCKED (write the word) S. L. Tarnieri, viigowed, or divorced (re) viife of	County Charles.	Registration Dist. No. 102
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINCLE MARRED, WDOWD, OR DYORCEO (ware the word) OR DYORCEO (ware the word) S. HI MARRED, WIDOWD, OR DYORCEO (ware the word) OR DYORCEO (ware the word) S. DATE OF BIRTH (month, day, and year) MOCIULITY, 191, T. AGE Years Months Days II LESS than I day,	V	No. St., V
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Length (Color or RACE) S. Ill Married. A COLOR OR RACE OR DIVORCED (write the word) S. Ill married. (or) WHE of S. ACE Years Months Days If LESS than 1 dey	Length of residence in city or town where death occurredyrs,_	mosds. How long in U.S. if of foreign birth?yrsmos
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYORCED (write the word) 5.5. If married, widowed, or divorced HUSBANO or (Worted HUSBANO or (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	(a) Residence: No.	
So. If married, widowed, or divorced HUSBADO of (O) WIFE of 1938. to 1938.	PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
22. I HEREBY CERTIFY Total attended deceased for divorced HUSBADO of COT WIFE of 1938, to 1938. E. DATE OF BIRTH (month, day, and year) MCCL., 17, 1921. T. AGE Years Months Days If LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, OUT LETTER, ed. HILL. SANTER, BOOKEEPER, etc. 9. Hodustry or business in which his occupation of Months and year or business in which his occupation (month and year) 11. Total time (years) Other Geastributery Causes of importance: 12. BIRTHPLACE (city or town). Clearle G. Pard, (State or country) 13. NAME OF COUNTY OF TOWN OF THE PROPERTY Causes of importance: 14. BIRTHPLACE (city or town). Clearle G. Pard, (State or country) 15. MAIOEN NAME Date Q. Pard, (State or country) 16. BIRTHPLACE (city or town). Clearle G. Pard, (State or country) 17. INFORMANT Clear (city or town). Clearle G. Pard, (State or country) 18. BURIAL CREMATION, OR REMOVAL Place Date of injury. 19. What test confirmed diagnosis? Was there an autopsy? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. What red injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. What red injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in any way related to occupation of deceased? Manuer of injury. 19. UNDERTAKER (Address) 19. Was disease or injury in any way related to occupation of deceased? Manuer of injury. 21. UNDERTAKER (Address) 19. Was disease or injury in any way related to occupation of deceased? Manuer of injury. 21. UNDERTAKER (Address) 22. FILED AD D. 19. 3. 3. 1. File Place D. M. M. M. Was disease or injury in any way related to occupation of deceased? M. M. M. Was disease or injury in any way related to occupation of deceased? M. M. M. Was disease or injury in any way related to occupation of deceased? M. M. M. Was disease or injury in any way related to occupation of deceased? M. M. M. Was disease or injury in any way related to occupation of deceased? M. M. M. Was disease or inju	Lemale Black OR DIVORCED (write t	the word)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased
1 dey, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Ott leave es follows: SANYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) occupation (Stete or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date deceased as the worked at this occupation of deceased? 10. Date deceased last worked at this occupation of deceased? 11. Total time (years) spent in this occupation Other Contributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance: What test confirmed diagnosis? Was there an autopasy? 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Neter did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nat		121. Itest saw h. en alive on Ofel. 23, 1933; death is
Trade, profession, or particular	// // // 10 ldey,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Determined the secondary of the secondar	8. Trade, profession, or particular kind of work done, as SPINNER, at lesses SAWYER, BOOKKEEPER, etc.	uc. Nephriles.
Determined the secondary of the secondar	Work was done, as SILK MILL, SAW MILL, BANK, etc	(1)
(Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. UNDERTAKER (Address) 12. UNDERTAKER (Address) 13. NAME (Address) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Signed) (Signed) (Signed)	year) occupation occupation	
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) Church Quality (State or country) 17. INFORMANT Church Quality 18. BURIAL, CREMATION, OR REMOVAL Place Church Quality 19. UNDERTAKER Canadian Place (Address) 19. UNDERTAKER Canadian Place (Address) (Signed) 19. UNDERTAKER Canadian Place (Signed)	(Stete or country)	4,
What test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) Church Quality (State or country) 17. INFORMANT Church Quality 18. BURIAL, CREMATION, OR REMOVAL Place Church Quality 19. UNDERTAKER Canadian Place (Address) 19. UNDERTAKER Canadian Place (Address) (Signed) 19. UNDERTAKER Canadian Place (Signed)	14. BIRTHPLACE (city or town) Charles Co. 9	PIC Name of operation
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Place (Address) Nature of injury (Address) (Addre	(State of country)	What test confirmed diagnosis? Was there an autopsy?
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Provide Place P	15. MAIOEN NAME Hora Cures	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place P	16. BIRTHPLACE (city or town) Church Co. (State or country)	Where did injury occur?
Place Americles 944 Date Mch. 1, 1933. Nature of injury Nature of injury 19. UNDERTAKER Confirm Place Hold Hold If so, specify 20. FILED Feb 2, 8, 19 3 3 2 4 Thompson (Signed) (Signed) Manner of Injury Nature of injury Nature of injury (Signed) (Signed) Manner of Injury Nature of injury Nature of injury (Signed) (Signed) Manner of Injury Nature of injury (Signed) Manner of Injury Nature of injury Nature of injury (Signed) Manner of Injury Nature of injury Nature of injury (Signed) Manner of Injury Nature of injury Nature of injury (Signed) Manner of Injury Nature of injury Nature of injury (Signed) Manner of Injury Nature of injury Nature of injury (Signed) Manner of Injury Nature of injury Nature of injury Nature of injury (Signed) Manner of Injury Nature of injury (Address) Nature of injury (Signed) Manner of Injury Nature of injury (Address) Nature of injury (Address) Nature of injury (Address) Nature of injury (Address) (Address) Nature of injury (Address) Nature of injury Na		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address) 19. Undertaker (Signed) (Signed) (Signed) (Signed) M. (Signed)	4 600 100	1000
20. FILED Jeb 2 8, 19 3 3 l V Thompson (Signed) See. C. Bickmell M.	19. UNDERTAKER Pany + Cofers (Address) Sachism Read, H	24. Was disease or injury in any way related to occupation of deceased?
	20, FILED Jeb 28, 1933 I & Thomps	(Signed) Sev. C. Bielinell

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11.—The number of years the deceased followed the occupation.

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Example I	1.0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 01650
1. PLACE OF DEATH	
County Charles	Registration Dist. No. 1074
Village or City / Luport	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Della Farmer	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marrie 1	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of John Farmer	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year)	I last saw half aliva on A 1 1900; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date statad above, at 16.2. m.
43 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:
9 Trade profession or posticular	Date of onset
SAWYER, BOOKKEEPER, atc.	Ex Translion
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
SAWYER, BOOKKEEPER, atc	
land.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Par
II 13. NAME Reshard Dorsey	- Collans Bun defalle
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Julia Thomas	23. If death was due to external causas (VIOL ENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Mady	Accident, suicide, or homicide? Data of Injury, 19
∑ (State or country)	Whera did Injury occur?
17. INFORMANT Aughter Dry Sugar (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place from front Currely Site 1 8 1933	Nature of Injury
19. UNDERTAKER Chas in Richard	24. Was diseasa or injury in any wey related to occupation of deceased?
20. FILED Felt 12, 1973 Dr. Hegden Registrar.	(Signed) S. S. Straden M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	- I	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULL	1		
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	01651
1. PLACE OF DEATH	107-00	1010
County Charles	Registration Dist. No.	
Village or City Well come no	NoSt.,_	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and the death of the death of the death of the death occurred in U.S. if of foreign birth?	
R-200 4		
2. FULL NAME Hacket Harrell	OI Ward	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4 329 (Month) (Oav)	, 193 <u>3</u>
5e. If married, widowed, or divorced HUSBANO of		
(or) WIFE of	1 HEREBY CERTIFY, That I attend	led deceased from
2 2 and 10114	H 1	2.3; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2; 004m.	- 22 , death is said
1 9 1100 - hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	. Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s	~ la
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)		1033
SAW MILL, BANK, etc.		30
10. Date deceased last worked at this occupation (month end year) year) occupation	acute	
) seal)	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Company (State or country)	hujocarries failure	Jan 26.
	milety lear	
E CO a co mad'	, would real	
4 14. BIRTHPLACE (city dr town) (Stete or country)	Name of operation Detection	
	What test confirmed diagnosis?	
	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	, 13
17. INFORMANT Magain Farrall (Address) Welcome my	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Calvunia Date Fet 5 1933	Manner of injury	
19. UNOERTAKER John J. Physics (Address) weigh	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO Febr. 50 1933 Lyllian Mosca,	(Signed) & armes & Nolan	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	WESCHIEF BE	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	- MAR 7 1933	July 5,1927	Peritonitis	3 days ago
	I vyasalt V. S.			
Other contributory ca	auses of importance:)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	infor- state UPA.		CERTIFICATE OF DEATH
11		1. PLACE OF DEATH	<u></u>
TI g	should f OCC	County Charles	Registration Dist. No. / Ow
	shor of O	Village or City New World	No. St., Ward
(4)	NS NS	Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) sds_ Hew long in U.S. if of foreign birth?yrsmosds.
	CORD. Every PHYSICIANS ict statement	2. FULL NAME Mrs Carrie Lacks	on 707d
	D. SIC	(a) Residence: No. new Welcome	St., Ward.
	RECORD. PHYSI	(Usual place of abode)	If nonresident give city or town and State
0	REC F Exa	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Ā	2:0	Female while market market the word)	21. DATE OF DEATH (Month) (Day) (Year)
DIN	A C T ssifted	5a. If married, widowed, or divorced HU3BAND of (or) WIFE of Charles J Ford	22. \
BIN	cla.	SOLT OF BURE O	June 1 1 1932, to 7 et 6 - 1933
	Pl d H arly cate	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h. say alive on the the said
FOR	IS A Prestated E	+50 +9 + 2 + 1 day,hrs.	to have occurred on the date stated above, at
		8. Trede profession or particular	were as follows: Date of onset
回	r HIS d be y be k of	kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this countains (meath and	Chronic Endocadilis 6 mont
R.	fould may back	work wes done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED	INF Sh Sh tit	enent in this	Mone myolaidit
RI	AGE That	year) occupation	Other Caatribatary Caases of Importance:
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Cap July	
MARGIN	FA lied ms,		
[A]	D = 3	E D In I	
		(Stete or country)	Name of operation Dete of
	WITH fully plain	15. MAIDEN NAME Blanche Worthwalis	What test confirmed diagnosis? Wes there en autopsy2
	Care care TH Dorta	15. MAIDEN NAME Blanche Worthinglin 16. BIRTHPLACE (city or town). Carring In	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	INLY, be can EATH import	(State or country) Kentucken	Where did injury occur?
0	PEAI hould 1 OF DE	17. INFORMANT Thanks J. Fond (Address) Welcome) md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	7-1 40	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
		Place a crue News Date Fet 10, 1933	Neture of injury
Vo. 1	CAUS TION	19. UNDERTAKER Funt and Runn (Address) Wardors and	24. Was disease or injury in any way related to occupation of deceased? M
V. S. Y	z T	20. FILED Feb 8 n 19 3 3 Dillian V Posen	(Signed) comple & Molan M.D.
	.	Registrar. If more blanks are needed, address State Registrar.	(Address) J. A. P. X. M. 2012. 1412 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		The Augustin Comment of the Comment	The street, Datimore, Requesting "O. S. No. 1.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
	Other tributeurs course of improved and	
May 1,1923		1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1000 U1000
county Clearles,	Registration Dist. No. 101
Village or City Chicamuna.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Hary V. Frovee	
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temak Miche OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fuderal Your,	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) (Oct . 31, 1850	Nest saw he alive on Feb. 10 19 3 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 p.m.
82 3 10 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Certurios claroses . Date of onset
SAWYER, BOOKKEEPER, etc.	Cerebral apop sexus.
8. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) year)	
Clarke Q ned	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
W 13. NAME I Stellary.	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME Zanknarion	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Zaskravion 16. BIRTHPLACE (city or town) Zuskravion (State or country)	Accident, suicide, or homicide?
X (State or country)	Where did injury occur?
17. INFORMANT Les Aplat And.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Oli camer My, Date OEV. 12, 1950	Nature of injury
19. UNOERTAKER Devot & Peyon (Address) Walder Mind.	24. Was disease or injury in any wey related to occupation of deceased? No
20. FILEO Feb. 11. 1933 Mary Sugether Registrar.	(Signed) Go. C. Bickrull M. D. (Address) Marky Mod.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc, As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7.5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year







2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX MARRIED WIDOWED OR DIVORCED 6 DATE OF BIRTH IIf LESS than 7 AGE I day hrs. BOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 0 /

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and number.)

16 DATE OF DEATH	12 , 193 3
V	th)(Day) (Year)
	at I attended the deceased from
192 to	, 192,
that I last saw halive on	, 192,
and that death occurred on the dat	
The CAUSE OF DEATH * was as fol	
Justinown	
I hypricarias	a a saw. Est to have suches
	on)yrsmosds.
Contributory Masseran	What Long de
	on) vis mos de
(Signed) Isasandas (Durati	11 1 Frank
7.12 1923. (Address) Z	
*State the Distase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from s of Injury and (2) Whether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans-
At place of deathyrsmosds.	In the State yrs mos de,
Where was disease contracted, if not at place of death?	3-
Former or usual residence	
19 PLACE OF BURIAL OR REMOVA	L DATE OF BURIAL
Pesgah, md	Tel: 12, 1983
20 UNDENTAKER	ADDRESS
maurie/ familton	Fisgel Trist

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1//

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(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, us At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemuil, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) without more precise specification as For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Salcsman. (b) Grocery,

Strtement of Cause of Death—Name, first, the DISEA. SCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from ehildbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY cough; Chronic Example: Measles (disease ete. The contributory valvular heart Nomenclature disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	(1031)
County Charles	Registration Dist. No. 104
Village or City Rolesant	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cimanda Lanca	ali
(a) Residence: No. Rock Parial:	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
J. B. widend	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of people demonding	22. I HEREBY CERTIFY, That I attended deceased from
0	The flyp 19 to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	P. I
SAWYER, BOOKKEEPER, etc. 1991	Zyhanelion
Q work was done, as SILK MILL.	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
1. 0	Other Contributory Cause of importance:
12. BIRTHPLACE (city or town) (State or country)	morrhey 937
II 13. NAME CONTRACTOR	V
13. NAME 14. BIRTHPLACE (city or town) 14. Colors of town)	Name of operation
(State or country)	What test confirmed diegnosis? Was there an autopsy?
IS. MAIDEN NAME CONTROL	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO THE CONTROL OF TH	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT JE S. Thu	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rade Positi	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placefordy Mrs. Compate 2 - 4 - 1933	Nature of injury
19. UNDERTAKER Hanny G. Par	24. Was disease or Injury In any way related to occupation of deceased?
(Address)	If so, specify
2 - 2 - 2 2 8 2 2 1	(Signed) V. h. Henlow S. R. M.D.
20. FILED 2 - 19.33 T. Le JA-genstrar.	(Address) Man 2 Cl
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 12.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes - Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	AN	J

ECORD. Every item of inforshould state act statement of OCCUPA-PHYSICIANS NEN properly classified. WITH UNFADING INK-THIS IS A PER efully supplied. AGE should be stated EN See instructions on back of certificate. in terms, so that it may be mation should be carefully supplied. TION is very important. CAUSE OF DEATH in B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	01030
County Charles	Registration Dist. No. / 00
Village or City La Plata	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	
2. FULL NAME Clarence	matheurs
(a) Residence: No. La Plata Ind	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jeb. 27 1933.
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h Lamalive on 7ch 26 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.41 A.em.
24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Influence.
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Hudustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-bate deceased last worked at this gerupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Bronch's menunis
O d &	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	The manufact Tark
	- purveusaus runus
I	Name of operation
14. BIRTHPLACE (city or town) Chap: Co., (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME California Boarna.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME California Boarna. 16. BIRTHPLACE (city or town). Class Co. (State or country)	Accident, suicide, or homicide?, Date of Injury, 19
Side of county)	Where did injury occur? (Specify eity or town, county and State)
17. INFORMANT DATAMENT CARDINAL THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sacred Leny Date Feb 28 1933	Manner of Injury
Alexand a Deman	Nature of injury
19. UNDERTAKER Lemy (1. Plm) (Address) La Plaire - ng.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jeet 28, 1933 fellen Mosey	(Signed) Lange & holan M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

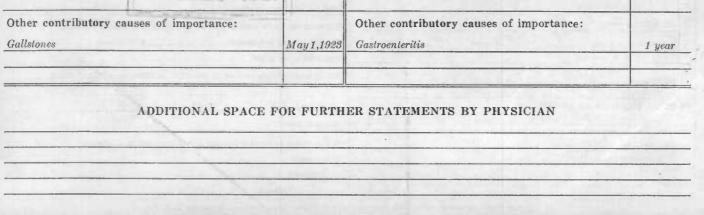
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. C.		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



	STATE OF MARYLAND-	CERTIFICATE OF DEATH
1	L PLACE OF DEATH	
	County Charles	Registration Dist. No. 100
	Village or City Indian Head, M	NoSt.,Ward
	Length of residence in city or town where death occurred 18 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
	740 Conden Dood	
	(a) Residence: No. 142 Couden Roat (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR NIVERCED (Tire the word)	21. DATE OF DEATH February 11 , 193 3 (Year)
5a	If married, widowed, or divorced HUSBAND of (a) MARGET Sadie E. Nairn	22. HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH (month, day, and year) February 9, 1873.	last saw him alive on February 11 1933 death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.57pm.
	60 0 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
7		Coronary thrombosis
Į O I	8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Chief Metal Worker	(Death was sudden and
OCCUPATION	9. Industry or business in which work was done, as SILK MILL BANK, etc. Naval Powder Factory 10. Oate, deceased last worked at 11. Total time (years)	without premonitory symptoms)
-	this occupation (month and 1933 spent in this occupation 25	Other Coatributory Causes of importance:
12	(State or country) Md.	
ER.	13. NAME John Nairn	•••
FATHER	14. BIRTHPLACE (city or town) Scotland	Name of operation Date of Was there an autopsy NO
ER	15. MAIDEN NAME Mary White Jackson	23. If death was due to externat causes (VIOLENCE) filt in atso the fottowing:
MOTHER	16. BIRTHPLACE (city or town) Scotland	Accident, suicide, or homicide?
1	INFORMANT George W. Nairn (Address) Indian Head Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATION, OR REMOVAL Place Shiloh, Md. Date 74/3, 1933	Manner of injury
19	UNDERTAKER Hunt & Ryon (Address) Waldord mi	24. Was disease or injury in eny way related to occupation of deceased? NO •
20	FILED FA.11 - 1933 F.E. Dunnigton	(Signed) O a June M. D. (Address) Sudian Nead, Med.
-	The second secon	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	-	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

Example I

Gallstones

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II

1 uear

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

May 1.1923

X	RECORD. Every item of infor- PHYSICIANS should state act statement of OCCUPA.
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE. ANEN' RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH it min terms, so that it may be properly classified. Sact statement of OCCUPATION is very important. See instructions on back of certificate.
. No. 1	B.—WRITE PLA mation should CAUSE OF D TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>U1059</u>
County Charles	Registration Dist. No. 1074
Village or City	No. St. Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William 7. Line	ds. now long in U.S. it or foreign birth?yrsmosds.
(a) Residence: No.	Ct Ward
(Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH 2 - 27 - 193 3 (Month) (Day) (Year)
HUSBAND of Mary & Summer	22. I HEREBY CERTIFY, That I attended dacaased from 1 - 19 - 19 33, to 2 - 87 - 19 3 3
6. DATE OF BIRTH (month, dey, and Mar)	I last saw h live on 8 17 - 19 33; death is said
7. AGE Years Months Deys If LESS-than	to have occurred on the date stated above, at
78 0: 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Tarmer SAWYER, BOOKKEEPER, etc.	Date of onsor
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked et this occupation (month and	Ly translon
work was done, as SILK MILL, SAW MILL, BANK, etc	Orimany concers of tonsil and root of
1D. Date deceased last worked et this occupetion (month and year)	tonque, on left side of throat Congress
12. BIRTHPLACE (city or town) Indi	Other Contributory Causes of importance:
(Stata or country)	La Flance
II 13. NAME William F. Simms	The state of the s
13. NAME / Color of town) / Lule	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anne Bailes	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT B, Z, Sholis (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plecettaly Menternaly Data 3 - 1 - , 19.33	Nature of injury
19. UNDERTAKER Chase His Rothy (Address)	24. Was disaase or injury in any way related to occupation of daceased?
20. FILED. 3 - 1 - 19. 3 3 V. L. Highen Registrar.	(Signad) P. R. Higher M. D. (Address) Mansial
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

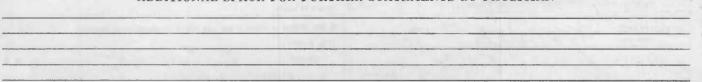
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Peritonitis Julu5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year





Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) __

(Day)

Date of onset

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	ses Date of onset
Arteriosclerosis	11 MR = 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrita	is !!	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURLAU V	July 5, 1927	Peritonitis	3 days ago
	il and the		UL LE	
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

supplied.

mation should be carefully

-WRITE PLAI

1. PLACE OF DEATH	75)
County Charles	Registration Dist. No. 106
Village or City Indicate Alord	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME / acc farefor	20 as 66 C
(a) Residence: No. Ozada (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of March Mashin	1 HEREBY CERTIFY, That I attended deceased from
8 Trade profession or particular	I last saw h alive on , 19 , 19 ; death is said to have occurred on the date stated above, at
12. BIRTHPLACE (city or town) lohaules 60	Other Contributory Causes of importance:
(State or country) Thurses 13. NAME Henry Invany	
13. NAME Henry Iwan. 14. BIRTHPLACE (city or twon) La La aulus Co.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Justohus Chast 16. BIRTHPLACE (City or town) Chaules Co (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT I alie for efficient (Address) In rul for a fina, lei	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Shymout and Date March 2.	., 1933 Nature of injury
19. UNDERTAKER Plning & Cofer (Address) gnasons Efrings and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 24, 1933 F & Starring Re	(Signed) Li Willewill M. D. gistrar. (Address) Tridian M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial ne		1921	Run over by street car	1 week ago
	purcus	1		1 week ago
Cerebral hemorrhage	110.00	July 5, 1927	Peritonitis	3 days ago
	BURHAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

stated EXACTLY, PHYSI-properly classified. Exact of certificate. RECORD N. B.—Every item of information should be carefully supplied. ACE should CIANS should state TUSE OF DEATH in plain terms so that it may statement of OCCUPA ON is very important. See instructions on ba PERMA MARGIN RESERVED FOR BIND WITH UNFADING INK--THIS IS A

V. S. No. 1

PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 10 G
Village or City Mayor (No. 2FULL NAME Still born Com	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street ond number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day) (Year) (Year
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. ds. or min.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 January 13 January 14 January 15 January 16 January 17 January 18 Janu	(Duration) yrs. mos ds. Contributory Secondary (Duration) yrs. mos ds. (Signed) A Sumsinglard M. D. 192 (Address) M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State was most death of death was most death of death was most death.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) In Carry R. Thermore (Address) Indian Head 15 Filed All- 22 1933 H. E. Dumnington Registrar	Where was disease contracted, if not at place of death? Former or usual residence
If more banks are needed, address thate Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement r," etc., Foremon, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Solesman. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitiol nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY " "Marasmus," "Old Age," "Shock, cough; Chronic Example: Measles (discase affection need not be etc. The contributory valvular heart diseose; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

_	F MARYLAND-	-CERTIFICATE OF DEATH 01663
1. PLACE OF DEATH		(22)
County Charles	2 1 - 2	Registration Dist. No. 100
Village or City New 18	regardon no"	ND. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of resideoce in city or town where de	ath occurredyrsmo	sds. How tong in U. S. if of foreign birth?yrsmosds.
2. FULL NAME IS IN	Watson Ir.	
(a) Residence: No.	near Brugalin	nost. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 193 3
5a. If married, widowed, or divorced HU3BAND of		(Month) (Day) (Year)
(or) WIFE of	4.1.	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	N- 510-1932	, 19, to, 19, 19
7. AGE Years Months	Days If LESS than	i last saw h; death is said to have occurred on the date stated abova, atm,
3 month	/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	min.	were as follows: Date of one of
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc		Va francisco.
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc		mother died an 12t of
SAW MILL, BANK, etc	11 Total time (years)	Tuberculosio Pabri Pachable
this occupation (month and year)	11. Total time (years) spant in this occupation	and as Tuberculation
Charle	en en	Other Contributory Causes of importance:
12. B1RTHPLACE (city or town) (Stata or country)	0	
13. NAME 11 (1)	I Do	
13. NAME / COLOR OF TOWN) Cha	iles es not	
(State or country)		Name of operation
15. MAIDEN NAME anna (ambhell	What test confirmed diagnosis? Was there are autopsy? Was there are autopsy?
15. MAIDEN NAME ana (C) 16. BIRTHPLACE (city or town). Character	u les-	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)		Where did injury occur?
17. INFDRMANT Ly wy Watz (Address) Page & Q (lata my	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nd of	Manner of injury
Place De Mary Bynarlom	Date Let 12 , 1933	Nature of Injury
19. UNDERTAKER Suy Wals (Address) La Pla	our Sr.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Feb 11 14, 1933 Sel	lein Mosey Resistrat.	(Signed) Billiam Mosin Rigislag, M. D. (Address) Rg. Plane

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Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1933	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

0 0			
Joo trustly coxla	wate for proper	Sate of luxth	
		1 0	
b		0 3.	